

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re **Andrew Akre**
and
Lisa M. Akre
fka Lisa Musial

Case No.
Chapter 7

_____/ Debtor
Attorney for Debtor: **Beth A. Lehman**

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 - a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ 400.00
 - b) Prior to the filing of this statement, debtor(s) have paid \$ 244.00
 - c) The unpaid balance due and payable is \$ 156.00
3. \$ 299.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:
None

Dated: **5/30/2008**

Respectfully submitted,

X /s/ **Beth A. Lehman**

Attorney for Petitioner: **Beth A. Lehman**
Lehman and Fox
6 East Monroe
Suite 1004
Chicago IL 60603

(if known)

SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property		Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	Amount of Secured Claim
		Husband--H Wife--W Joint--J Community--C		
None				None
No continuation sheets attached <div> TOTAL \$ (Report also on Summary of Schedules.) </div>			0.00	

United States Bankruptcy Court
NORTHERN DISTRICT OF ILLINOIS

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Akre, Andrew	Name of Joint Debtor (Spouse)(Last, First, Middle): Akre, Lisa
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): NONE	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): fka Lisa Musial
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 7099	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 5759
Street Address of Debtor (No. & Street, City, and State): 380 Twilight Dr. #3 Morris IL	Street Address of Joint Debtor (No. & Street, City, and State): 380 Twilight Dr. #3 Morris IL
County of Residence or of the Principal Place of Business: Grundy	County of Residence or of the Principal Place of Business: Will
Mailing Address of Debtor (if different from street address): SAME	Mailing Address of Joint Debtor (if different from street address): SAME
Location of Principal Assets of Business Debtor (if different from street address above): NOT APPLICABLE	

Type of Debtor (Form of organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below <hr/>	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose" <input type="checkbox"/> Debts are primarily business debts. Chapter 11 Debtors: Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		

Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	THIS SPACE IS FOR COURT USE ONLY
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Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Andrew Akre and**Lisa M. Akre****All Prior Bankruptcy Cases Filed Within Last 8 Years**

(If more than two, attach additional sheet)

Location Where Filed:	Case Number: 00-08042	Date Filed:
Location Where Filed:	Case Number: 05-48247	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor

(If more than one, attach additional sheet)

Name of Debtor:	Case Number:	Date Filed:
District:	Relationship:	Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)

☐ Exhibit A is attached and made a part of this petition
Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b).

X**/s/ Beth A. Lehman****5/30/2008**

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

- ☐ Yes, and exhibit C is attached and made a part of this petition.
☒ No

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

- ☒ Exhibit D completed and signed by the debtor is attached and made part of this petition.

If this is a joint petition:

- ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes.)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

 (Name of landlord that obtained judgment)

 (Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
**Andrew Akre and
Lisa M. Akre****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b)

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Andrew Akre

Signature of Debtor

X /s/ Lisa M. Akre

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

5/30/2008

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X**

(Signature of Foreign Representative)

(Printed name of Foreign Representative)

5/30/2008

(Date)

Signature of Attorney***X /s/ Beth A. Lehman**

Signature of Attorney for Debtor(s)

Beth A. Lehman 1610465

Printed Name of Attorney for Debtor(s)

Lehman and Fox

Firm Name

6 East Monroe

Address

Suite 1004**Chicago IL 60603****312.332.4499**

Telephone Number

5/30/2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.***Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

5/30/2008

Date

In re Andrew Akre and Lisa M. Akre,

Debtor(s)

Case No. _____

(if known)

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	None	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<i>checking account TCF</i> <i>Location: In debtor's possession</i>	J	\$ 50.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		<i>security deposit</i> <i>Location: In debtor's possession</i>	J	\$ 750.00
4. Household goods and furnishings, including audio, video, and computer equipment.		<i>furniture</i> <i>Location: In debtor's possession</i>	J	\$ 2,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<i>clothing</i> <i>Location: In debtor's possession</i>	J	\$ 200.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X			

In re Andrew Akre and Lisa M. Akre,

Debtor(s)

Case No. _____

(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<i>pension</i> <i>Location: In debtor's possession</i>	J	\$ 3,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers and other vehicles and accessories.		<i>auto 01 Mazda Tribute</i> <i>Location: In debtor's possession</i>	J	\$ 3,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			

In re Andrew Akre and Lisa M. Akre, Debtor(s) Case No. _____ (if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property		Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
			Husband--H Wife--W Joint--J Community--C	
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
Total ➡				\$ 9,000.00

Case No. _____
(if known)

SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

☒ 11 U.S.C. § 522(b) (3)

[illegible]

B6D (Official Form 6D) (12/07)

In re Andrew Akre and Lisa M. Akre
Debtor(s)

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Co-Debtor H--Husband W--Wife J--Joint C--Community	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No: 0001 Creditor # : 1 First Investors Financial Serv PO Box 740512 Atlanta GA 30374-0512	J 02 Car lien Value: \$ 3,000.00					\$ 15,200.00	\$ 12,200.00
Account No:							
Account No:							
No continuation sheets attached							
Subtotal \$ (Total of this page)						\$ 15,200.00	\$ 12,200.00
Total \$ (Use only on last page)						\$ 15,200.00	\$ 12,200.00

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

In re Andrew Akre and Lisa M. Akre,

Debtor(s)

Case No. _____

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

*Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

No continuation sheets attached

B6F (Official Form 6F) (12/07)

In re Andrew Akre and Lisa M. Akre,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 96-7 Creditor # : 1 Advocate South Suburban Hospit 17800 Kedzie Ave Hazel crest IL 60429	J	Medical bill				\$ 77.00
Account No: 91-5 Creditor # : 2 Advocate South Suburban Hospit 17800 Kedzie Ave Hazel crest IL 60429	J	Medical bill				\$ 34.00
Account No: 0923 Creditor # : 3 Advocate South Suburban Hospit 22091 Network Place Chicago IL 60673	J	Medical bill				\$ 300.00
Account No: 6841 Creditor # : 4 American Medical Collection 2269 S. Saw Mill River Rd Lynwood IL 60411	J	Other				\$ 21.00
Subtotal \$						\$ 432.00
Total \$						

10 continuation sheets attached

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Andrew Akre and Lisa M. Akre,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 1523 Creditor # : 5 Anderson Financial Network PO Box 3427 Bloomington IL 61702	J	Other					\$ 408.00
Account No: 3527 Creditor # : 6 Arrow Financial 5996 W. Touhy Ave Niles IL 60714	J	Collection					\$ 468.00
Account No: 6115 Creditor # : 7 Associated St James Radiology PO Box 3597 Springfield IL 62708	J	Medical bill					\$ 20.00
Account No: 4950 Creditor # : 8 Calvary Portfolio 4050 E Cotton Phoenix AZ 85040	J	Credit Card Purchases					\$ 619.00
Account No: 5633 Creditor # : 9 Capital One PO Box 85522 Richmond VA 23285-5015	J	Credit Card Purchases					\$ 529.00
Account No: 2110 Creditor # : 10 Capital One 4851 Cox Rd #12038-0460 Glen Allen VA 23060	J	Credit Card Purchases					\$ 738.00

Sheet No. 1 of 10 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 2,782.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Andrew Akre and Lisa M. Akre,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 5401 Creditor # : 11 Carson Pirie Scott PO Box 5000 Hammond IN 46325-5000	J	H--Husband W--Wife J--Joint C--Community				\$ 1,501.00
Account No: 9631 Creditor # : 12 Child Life PO Box 3545 Munster IN 46321	J	Medical bill				\$ 121.00
Account No: 7625 Creditor # : 13 Citibank CBSD NA POB 6421 Sioux Falls SD 57117-6241	J	Credit Card Purchases				\$ 3,370.00
Account No: 1160 Creditor # : 14 Citibank Mastercharge POB 6000 The Lakes NV 89163-6000	J	Credit Card Purchases				\$ 87.00
Account No: 2040 Creditor # : 15 Citibank Student Loan division PO Box 6094 Sioux Falls SD 57117-5147	J	Credit Card Purchases				\$ 3,177.00
Account No: 2401 Creditor # : 16 Collection Prof Inc. PO Box 841 Joliet IL 60434	J	Other				\$ 169.00

Sheet No. 2 of 10 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 8,425.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Andrew Akre and Lisa M. Akre,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 5072 Creditor # : 17 ComEd PO Box 87522 Chicago IL 60680-1292	J	Utility Bills				\$ 655.00
Account No: 8584 Creditor # : 18 Community Healthcare System PO Box 3602 Minister IN 46321	J	Medical bill				\$ 243.00
Account No: 5528 Creditor # : 19 Community Healthcare System PO Box 3602 Munster IN 46321	J	Medical bill				\$ 123.00
Account No: N000 Creditor # : 20 Conrod Chiropractic Clinic 1802 N .Division St Ste 211 Morris IL 60450	J	Medical bill				\$ 282.00
Account No: 1523 Creditor # : 21 Credit Protections Ass. 1355 Noel Rd Suite 2100 Dallas TX 75240	J	Credit Card Purchases				\$ 544.00
Account No: 3866 Creditor # : 22 Credit Protections Ass. 1355 Noel Rd Suite 2100 Dallas TX 75240	J	Credit Card Purchases				\$ 330.00

Sheet No. 3 of 10 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 2,177.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Andrew Akre and Lisa M. Akre,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 5450 Creditor # : 23 Creditos Discount 415 Main St PO Box 213 Streator IL 61364	J	H--Husband W--Wife J--Joint C--Community	Medical bill				\$ 623.00
Account No: 9933 Creditor # : 24 Dependon Collection Services 7627 Lake St River Forest IL 60304	J		Medical bill				\$ 53.00
Account No: 6163 Creditor # : 25 Emergency Care Health Organiza 555 W. Court St, Suite 410 Kankakee IL 60901	J		Medical bill				\$ 21.00
Account No: 5836 Creditor # : 26 First Midwest Bank POB 9003 Gurnee IL 60031	J		Credit Card Purchases				\$ 1,856.00
Account No: 7269 Creditor # : 27 GEMB/JCP PO Box 981400 El Paso TX 79998	J		Collection				\$ 427.00
Account No: Creditor # : 28 HSBC Card Services PO Box 88000 Baltimore MD 21288-0001	H		Credit Card Purchases				\$ 513.00

Sheet No. 4 of 10 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 3,493.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Andrew Akre and Lisa M. Akre,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 5367 Creditor # : 29 IL Collection Service Inc. 3101 W. 95th Street Evergreen Park IL 60805	J	Collection				\$ 81.00
Account No: Creditor # : 30 Kircher Vision Group 2156 W. 183rd St Homewood IL 60430	J	Medical bill				\$ 126.00
Account No: 2533 Creditor # : 31 Lorin M. Brown M.D. 1950 45th Street Ste 200 Munster IN 46321	J	Medical bill				\$ 85.00
Account No: 9430 Creditor # : 32 Med 102 Wellgroup Health Partn C/O CBUSA Inc PO Box 8000 Hammond IN 46325-5000	J	Medical bill				\$ 69.00
Account No: 0001 Creditor # : 33 Med 1st James Anesthesia C/O CBUSA PO Box 85522 Richmond VA 46325-5000	J	Medical bill				\$ 60.00
Account No: 0260 Creditor # : 34 Medical Collection Systems 725 S. Wells, Suite 500 Chicago IL 60607	J	Medical bill				\$ 153.00

Sheet No. 5 of 10 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 574.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Andrew Akre and Lisa M. Akre,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 1793 Creditor # : 35 Medical Oral Surgery Richard J. Daley Center Cook County 1st Municipal Chicago IL 60602	J		Medical bill				\$ 227.00
Account No: 6690 Creditor # : 36 Midland Credit Management 8875 Aero Dr ste 2 San Diego CA 92193	J		Collection				\$ 930.00
Account No: 0396 Creditor # : 37 Midstate Collection Solutions C/O Rezin Orthopedic Centers 1711 S. Neil 2nd floor Champaign IL 61826	J		Medical bill				\$ 83.00
Account No: 4901 Creditor # : 38 Midwest Neoped Ass PO Box 2686 Carol Stream IL 60132-0502	J		Medical bill				\$ 400.00
Account No: 8392 Creditor # : 39 MiraMed Revenue Group PO Box 77000 Dept 77304 Detroit MI 48277-0304	H		Medical bill				\$ 45.00
Account No: 0813 Creditor # : 40 Mutual Hospital Services 2525 N Shadeland Ave Indianapolis IN 48219	J		Medical bill				\$ 226.00

Sheet No. 6 of 10 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 1,911.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Andrew Akre and Lisa M. Akre,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 3142 Creditor # : 41 National Credit Adjusters C/O Upfront Payday PO Box 3023 Hutchinson KS 67504	J	Payday loan					\$ 585.00
Account No: 0462 Creditor # : 42 NCO Financial PO Box 41417 Philadelphia PA 19101	J	Collection					\$ 1,495.00
Account No: 0629 Creditor # : 43 NICOR 1844 Ferry Road Naperville IL 60563	J	Utilities					\$ 379.00
Account No: 7175 Creditor # : 44 One Click Cash 52946 Hwy 12 Ste 3 Niobrara NE 68760	H	Payday loan					\$ 170.00
Account No: 5822 Creditor # : 45 Patients First PO Box 869359 Pano Tx 75086	J	Medical bill					\$ 98.00
Account No: 4144 Creditor # : 46 Pellettieri & Asso C/O Morris Hospital 991 Oak Creek Dr. Lombard IL 60148	J	Medical bill					\$ 340.00

Sheet No. 7 of 10 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 3,067.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Andrew Akre and Lisa M. Akre,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		Contingent	Unliquidated	Disputed	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 2801 Creditor # : 47 Personal Finance PO Box 615 Morris IL 60450	J		Collection				\$ 234.00
Account No: 8093 Creditor # : 48 Quest Diagnostics Incorporated POB 64804 Baltimore MD 21264-4804	J		Medical bill				\$ 145.00
Account No: 2039 Creditor # : 49 Radiology Center PO Box 3837 Springfield IL 62708	J		Medical bill				\$ 20.00
Account No: 1036 Creditor # : 50 Sallie Mae 1002 Arthur Drive lynn Lynn Haven FL 32444	J		Credit Card Purchases				\$ 1,313.00
Account No: 1046 Creditor # : 51 Sallie Mae 1002 Arthur Dr. Lynn Haven FL 32444	J		Credit Card Purchases				\$ 2,038.00
Account No: 1056 Creditor # : 52 Sallie Mae 1002 Arthur Drive lynn Haven FL 32444	X J		Credit Card Purchases				\$ 2,572.00

Sheet No. 8 of 10 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 6,322.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Andrew Akre and Lisa M. Akre,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: -BDY Creditor # : 53 Sisters Of Frances Health Serv PO Bxo 7229 Westchester IL 60154	J	Medical bill				\$ 397.00
Account No: 103F Creditor # : 54 Sm Servicing PO Box 9500 Wilkes Barre PA 18773-4600	J	Credit Card Purchases				\$ 1,313.00
Account No: 105F Creditor # : 55 Sm Servicing PO Box 9500 Wilkes Barre PA 18773-4600	J	Credit Card Purchases				\$ 2,572.00
Account No: 1705 Creditor # : 56 Southwest Womans Healthcare as PO Box 280 Chicago IL 60411	J	Medical bill				\$ 312.00
Account No: 1303 Creditor # : 57 SSH Anesthesia PO Box 631 Lake Forest IL 60045	J	Medical bill				\$ 97.00
Account No: 3563 Creditor # : 58 St James Hospital C/O Mutual Hospital Collection 2525 N. Shadeland, Ste 101 Indianapolis IN 3563	J	Medical bill				\$ 1,940.00
<p>Sheet No. 9 of 10 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</p> <p style="text-align: right;">Subtotal \$ \$ 6,631.00</p> <p style="text-align: right;">Total \$</p>						

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Andrew Akre and Lisa M. Akre,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 0101 Creditor # : 59 Sullivan Urgent Aid Center PO Box 87844 Carol Stream IL 60188-1821	J	Medical bill				\$ 93.00
Account No: Creditor # : 60 Utermark & Sons PO Box 1685 Homewood IL 60430	J	Other				\$ 203.00
Account No:						
Account No:						
Account No:						
Account No:						
Account No:						

Sheet No. 10 of 10 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 296.00

Total \$ 36,110.00

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

In re Andrew Akre and Lisa M. Akre / Debtor Case No. _____
(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.
<i>Robert Narvick</i>	Contract Type: <i>Residential lease</i> Terms: Beginning date: Debtor's Interest: Description: Buyout Option:

Case No. _____
(if known)

SCHEDULE H-CODEBTORS

☐ Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor
<p><i>William Akre</i></p>	<p><i>Sallie Mae</i> <i>1002 Arthur Drive lynn</i> <i>Haven FL 32444</i></p>

In re Andrew Akre and Lisa M. Akre, Case No. _____
 Debtor(s) (if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): daughter daughter daughter	AGE(S): 5 4 5 mos
EMPLOYMENT: DEBTOR		SPOUSE
Occupation plumber		Unemployed
Name of Employer Wackenhut Corp		
How Long Employed 5 mos		
Address of Employer 4200 Wackenhut Dr Palm Beach Garde FL 33410		
INCOME: (Estimate of average or projected monthly income at time case filed)		
		DEBTOR SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)		\$ 2,994.33 \$ 0.00
2. Estimate monthly overtime		\$ 0.00 \$ 0.00
3. SUBTOTAL		\$ 2,994.33 \$ 0.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security		\$ 604.50 \$ 0.00
b. Insurance		\$ 0.00 \$ 0.00
c. Union dues		\$ 0.00 \$ 0.00
d. Other (Specify):		\$ 0.00 \$ 0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS		\$ 604.50 \$ 0.00
6. TOTAL NET MONTHLY TAKE HOME PAY		\$ 2,389.83 \$ 0.00
7. Regular income from operation of business or profession or farm (attach detailed statement)		\$ 0.00 \$ 0.00
8. Income from real property		\$ 0.00 \$ 0.00
9. Interest and dividends		\$ 0.00 \$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.		\$ 0.00 \$ 0.00
11. Social security or government assistance (Specify):		\$ 0.00 \$ 0.00
12. Pension or retirement income		\$ 0.00 \$ 0.00
13. Other monthly income (Specify):		\$ 0.00 \$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13		\$ 0.00 \$ 0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)		\$ 2,389.83 \$ 0.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)		\$ 2,389.83
(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)		
17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:		

In re Andrew Akre and Lisa M. Akre,
Debtor(s)

Case No. _____
(if known)

SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	750.00
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities: a. Electricity and heating fuel	\$	150.00
b. Water and sewer	\$	0.00
c. Telephone	\$	90.00
d. Other <u>cell phone</u>	\$	40.00
Other	\$	0.00
Other	\$	0.00
3. Home maintenance (repairs and upkeep)	\$	0.00
4. Food	\$	500.00
5. Clothing	\$	200.00
6. Laundry and dry cleaning	\$	100.00
7. Medical and dental expenses	\$	100.00
8. Transportation (not including car payments)	\$	400.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	50.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	85.00
e. Other	\$	0.00
Other	\$	0.00
Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage) (Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	465.00
b. Other:	\$	0.00
c. Other:	\$	0.00
d. Other:	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other: <u>personal grooming</u>	\$	80.00
Other: <u>oil changes</u>	\$	13.00
Other:	\$	0.00
18. AVERAGE MONTHLY EXPENSES Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	3,023.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 16 of Schedule I	\$	2,389.83
b. Average monthly expenses from Line 18 above	\$	3,023.00
c. Monthly net income (a. minus b.)	\$	(633.17)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re **Andrew Akre and Lisa M. Akre**

Case No.

Chapter 7

_____/ Debtor

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 0.00		
B-Personal Property	Yes	3	\$ 9,000.00		
C-Property Claimed as Exempt	Yes	1			
D-Creditors Holding Secured Claims	Yes	1		\$ 15,200.00	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	11		\$ 36,110.00	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	Yes	1			\$ 2,389.83
J-Current Expenditures of Individual Debtor(s)	Yes	1			\$ 3,023.00
TOTAL		22	\$ 9,000.00	\$ 51,310.00	

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re **Andrew Akre and Lisa M. Akre**

Case No.
Chapter 7

_____/ Debtor

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 2,389.83
Average Expenses (from Schedule J, Line 18)	\$ 3,023.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$ 2,994.33

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 12,200.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 36,110.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 48,310.00

In re Andrew Akre and Lisa M. Akre
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 23 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: 5/30/2008

Signature /s/ Andrew Akre
Andrew Akre

Date: 5/30/2008

Signature /s/ Lisa M. Akre
Lisa M. Akre

[If joint case, both spouses must sign.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re: **Andrew Akre**
and
Lisa M. Akre
fka Lisa Musial

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor may also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Year to date: 14800
Last Year: 42000
Year before: 53000

wages

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

None ☒ Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<i>Payee: Beth A. Lehman</i> <i>Address:</i> <i>6 East Monroe</i> <i>Suite 1004</i> <i>Chicago, IL 60603</i>	<i>Date of Payment:</i> <i>Payor: Andrew Akre</i>	<i>244</i>

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<i>Institution: First Midwest</i> <i>Address:</i>	<i>Account Type and</i> <i>No.: checking</i> <i>Final Balance: (1800)</i>	<i>2/07</i>

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None



If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

None



For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 5/30/2008

Signature /s/ Andrew Akre
of Debtor

Date 5/30/2008

Signature /s/ Lisa M. Akre
of Joint Debtor
(if any)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Andrew Akre and Lisa M. Akre*Case No.
Chapter 7

_____/ Debtor

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☒ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
<i>auto</i>	<i>First Investors Financial Serv</i>				X

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

Signature of Debtor(s)

Date: 5/30/2008Debtor: /s/ Andrew AkreDate: 5/30/2008Joint Debtor: /s/ Lisa M. Akre

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re **Andrew Akre**
and
Lisa M. Akre
fka Lisa Musial

Case No.
Chapter 7

_____/ Debtor

Attorney for Debtor: **Beth A. Lehman**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Date: 5/30/2008

/s/ Andrew Akre

Debtor

/s/ Lisa M. Akre

Joint Debtor

Advocate South Suburban Hospit
Acct#: 91-5
17800 Kedzie Ave
Hazel crest , IL 60429

Advocate South Suburban Hospit
Acct#: 0923
22091 Network Place
Chicago, IL 60673

Advocate South Suburban Hospit
Acct#: 96-7
17800 Kedzie Ave
Hazel crest , IL 60429

American Medical Collection
Acct#: 6841
2269 S. Saw Mill River Rd
Lynwood, IL 60411

Anderson Financial Network
Acct#: 1523
PO Box 3427
Bloomington, IL 61702

Arrow Financial
Acct#: 3527
5996 W. Touhy Ave
Niles , IL 60714

Associated St James Radiology
Acct#: 6115
PO Box 3597
Springfield, IL 62708

Calvary Portfolio
Acct#: 4950
4050 E Cotton
Pheoenix, AZ 85040

Capital One
Acct#: 2110
4851 Cox Rd #12038-0460
Glen Allen , VA 23060

Capital One
Acct#: 5633
PO Box 85522
Richmond, VA 23285-5015

Carson Pirie Scott
Acct#: 5401
PO Box 5000
Hammond , IN 46325-5000

Child Life
Acct#: 9631
PO Box 3545
Munster, IN 46321

Citibank CBSD NA
Acct#: 7625
POB 6421
Sioux Falls, SD 57117-6241

Citibank Mastercharge
Acct#: 1160
POB 6000
The Lakes, NV 89163-6000

Citibank Student Loan division
Acct#: 2040
PO Box 6094
Sioux Falls, SD 57117-5147

Collection Prof Inc.
Acct#: 2401
PO Box 841
Joliet , IL 60434

ComEd
Acct#: 5072
PO Box 87522
Chicago, IL 60680-1292

Community Healthcare System
Acct#: 8584
PO Box 3602
Minister, IN 46321

Community Healthcare System
Acct#: 5528
PO Box 3602
Munster, IN 46321

Conrod Chiropractic Clinic
Acct#: N000
1802 N .Division St Ste 211
Morris, IL 60450

Credit Protections Ass.
Acct#: 3866
1355 Noel Rd Suite 2100
Dallas, TX 75240

Credit Protections Ass.
Acct#: 1523
1355 Noel Rd Suite 2100
Dallas, TX 75240

Creditos Discount
415 Main St
PO Box 213
Streator, IL 61364

Dependon Collection Services
Acct#: 9933
7627 Lake St
River Forest, IL 60304

Emergency Care Health Organiza
Acct#: 6163
555 W. Court St, Suite 410
Kankakee, IL 60901

First Investors Financial Serv
Acct#: 0001
PO Box 740512
Atlanta, GA 30374-0512

First Midwest Bank
Acct#: 5836
POB 9003
Gurnee, IL 60031

GEMB/JCP
Acct#: 7269
PO Box 981400
El Paso , TX 79998

HSBC Card Services
PO Box 88000
Baltimore, MD 21288-0001

Il Collection Service Inc.
Acct#: 5367
3101 W. 95th Street
Evergreen Park, IL 60805

Kircher Vision Group
2156 W. 183rd St
Homewood, IL 60430

Lorin M. Brown M.D.
Acct#: 2533
1950 45th Street Ste 200
Munster, IN 46321

Med 102 Wellgroup Health Partn
C/O CBUSA Inc
PO Box 8000
Hammond , IN 46325-5000

Med 1st James Anesthesia
C/O CBUSA
PO BOX 85522
Richmond, VA 46325-5000

Medical Collection Systems
Acct#: 0260
725 S. Wells, Suite 500
Chicago, IL 60607

Medical Oral Surgery
Richard J. Daley Center
Cook County 1st Municipal
Chicago, IL 60602

Midland Credit Management
Acct#: 6690
8875 Aero Dr ste 2
San Diego, CA 92193

Midstate Collection Solutions
C/O Rezin Orthopedic Centers
1711 S. Neil 2nd floor
Champaign, IL 61826

Midwest Neoped Ass
Acct#: 4901
PO BOX 2686
Carol Stream, IL 60132-0502

MiraMed Revenue Group
PO Box 77000
Dept 77304
Detroit, MI 48277-0304

Mutual Hospital Services
Acct#: 0813
2525 N Shadeland Ave
Indianapolis, IN 48219

National Credit Adjusters
C/O Upfront Payday
PO Box 3023
Hutchinson, KS 67504

NCO Financial
Acct#: 0462
PO Box 41417
Philadelphia, PA 19101

NICOR
Acct#: 0629
1844 Ferry Road
Naperville, IL 60563

One Click Cash
Acct#: 7175
52946 Hwy 12 Ste 3
Niobrara, NE 68760

Patients First
Acct#: 5822
PO BOX 869359
Pano , Tx 75086

Pellettieri & Asso
C/O Morris Hospital
991 Oak Creek Dr.
Lombard, IL 60148

Personal Finance
Acct#: 2801
PO Box 615
Morris , IL 60450

Quest Diagnostics Incorporated
Acct#: 8093
POB 64804
Baltimore, MD 21264-4804

Radiology Center
Acct#: 2039
PO Box 3837
Springfield, IL 62708

Sallie Mae
Acct#: 1056
1002 Arthur Drive lynn
Haven , FL 32444

Sallie Mae
Acct#: 1046
1002 Arthur Dr. Lynn
Haven , FL 32444

Sallie Mae
Acct#: 1036
1002 Arthur Drive lynn
Lynn Haven, FL 32444

Sisters Of Frances Health Serv
Acct#: -BDY
PO Bxo 7229
Westchester, IL 60154

Sm Servicing
Acct#: 103F
PO Box 9500
Wilkes Barre, PA 18773-4600

Sm Servicing
Acct#: 105F
PO Box 9500
Wilkes Barre, PA 18773-4600

Southwest Womans Healthcare as
Acct#: 1705
PO Box 280
Chicago, IL 60411

SSH Anesthesia
Acct#: 1303
PO Box 631
Lake Forest , IL 60045

St James Hospital
C/O Mutual Hospital Collection
2525 N. Shadeland, Ste 101
Indianapolis, IN 3563

Sullivan Urgent Aid Center
Acct#: 0101
PO Box 87844
Carol Stream, IL 60188-1821

Utermark & Sons
PO Box 1685
Homewood, IL 60430